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WORLD HEALTH ORGANIZATION		REGIONAL OFFICE FOR SOUTH-EAST ASIA	
SUMMARY DUTY TRAVEL REPORT			
Submitted by			
Dr Myint Htwe (Name)	GPE (Unit)	4 May 2001 (Date)	ICP GPE 001 RB.01 (Allotment number)
Places visited		Dates	
Sri Lanka (Colombo, Anuradhapura, Kalutara)		23-27 April 2001	
Purpose/objectives of visit:			
<ul style="list-style-type: none"> ➤ Review the strengths and weaknesses of the existing national health information system and its current role in the health sector. ➤ Assess the information needs of the WHO Country Office (WCO) with regard to its core functions. ➤ Identify gaps in the existing information systems of both the Ministry of Health and WCO in relation to the country and WCO information needs. ➤ Suggest both short and long-term strategies on how these gaps can be closed. ➤ Recommend a course of action to the WCO and Ministry of Health with an aim to strengthen the NIHS 			
Brief account of activities undertaken:			
<ul style="list-style-type: none"> ➤ Visited Anuradhapura Province to observe the whole spectrum of health information system (HIS) activities at different levels of the health system. ➤ Visited National Institute of Health Sciences, Kalutara to discuss the already conducted and also future training courses on ICD-10, medical record practice and health information management. ➤ Detailed discussions were made with senior team of staff of Planning Division of Department of Health Services and GPE staff from WHO/HQ (who were in Colombo) on Enhancing Health Systems Performance Initiative (EHSPI) and health and health responsiveness surveys. ➤ Debriefings with Health Secretary, Deputy Director-General, Director (Health Information) and WHO Representative on future collaborative activities between WHO and the country. 			
Recommendations:			
<ul style="list-style-type: none"> ➤ Action and outcome-oriented strategies have been proposed to improve the Health Information System in the country (<i>full report attached which contains major findings and strategies</i>). ➤ To consider designating National Institute of Health Sciences (NIHS), Kalutara, Sri Lanka as WHO Collaborating Centre for training on health information system activities. ➤ A small HIS pilot project may be initiated in Anuradhapura (please refer to item 4 of the attached report) and based on the findings, activities may be extended in a phased manner all over the country. 			
Specific recommendations for action (if any) by DPM/RD:			
<ul style="list-style-type: none"> ➤ To approve in principle the conduct of an intercountry training workshop on "Evidence-based decision making" in late 2001 or early 2002. The training workshop will cover the following areas: <ul style="list-style-type: none"> ◆ transformation of data into information ◆ different types of data presentations ◆ evidence-based decision making methods ◆ statistical methods applicable to health information system including hospital information system 			
Distribution	WR Sri Lanka (for further forwarding the attached report to the concerned national authorities, as appropriate) Dr Phyllida Travis and Dr Tessa Tan-Torres Edejer (GPE-WHO/HQ) ISM / SRP / Registry		

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Health Information System in Sri Lanka

Dr Myint Htwe, RA-GPE/SEARO

(Sri Lanka: 23-27 April 2001)

CONTENTS

1. Major Findings
2. Rationale for the Strategies
3. Strategies to Close the Gaps in Health Information System
4. Course of Action for Developing HIS Project

Annex – 1: Review the Strengths and Weaknesses of the existing HIS

Annex – 2: Assessment of the Information Needs of the WHO Country Office with Regard to its Core Functions

1. Major Findings (based on checklist questions attached as annex-1)

- ◆ The health information system (HIS) in Anuradhapura (also assuming that it more or less represents the overall Sri Lankan situation) appears to be **functioning** satisfactorily. The basic infrastructure and system management mechanism for HIS are already available. However, it may be necessary to modify and streamline it so that it is synchronous with priority activities of the health system in the country. As the HIS is already performing satisfactorily, it appears that the system should not be significantly disturbed. Instead, weak linkages should be strengthened, gaps be filled, overall functional activities of HIS be streamlined. Specific new activities may be added in a phase-wise manner to meet the current requirement of the health system.
- ◆ **Feedback** of information to the lower level was not the order of the day. Various mechanisms may be contemplated.
- ◆ The **linkages** between the HIS Division of DGHS, HIS subsystems, and Medical Statistics unit were not strong enough to effect changes in the overall HIS and then on the health care system.
- ◆ The **data collecting forms** were developed several years back. It also contains many variables, which may not be very useful for planning purposes.
- ◆ **Software for data entry** for hospital information system was not available. To develop a comprehensive hospital system would be too expensive at this point in time. Tailor-made software may be developed after thorough discussion between the hospital management and the medical doctors of the hospital. The Director (HIS) may help in this endeavour.
- ◆ The **utilization** of data emanating out of the HIS is minimal. The system for transforming data into information needs to be improved. Programmes and mechanisms to inculcate "information culture" are few and far between. The concerned staff usually considered that their duties have been fulfilled once they entered the data into the data registry book.
- ◆ Generally, the framework for **health profiles** available at the peripheral level has no uniformity. It has been developed out of the initiatives of the staff concerned. This can be considered a good scenario. However, the uniformity of this framework is extremely important for ease of data compilation at the central level, comparative analysis of provincial health situations for appropriate resource allocation, and for many other purposes.
- ◆ The **Monthly Health Bulletin** published at Anuradhapura General hospital was found to be very informative and includes information useful for hospital administrative and management system. It would be beneficial to replicate this activity in other provinces.
- ◆ **Mapping out** of Health Assets Project was carried out in one district hospital in Anuradhapura with the assistance of World Bank. It is a very beneficial activity for administrators and planners at the higher level.
- ◆ **Executive information system** is not available at the provisional as well as at the central level. It would be very beneficial from the perspective of planning and resource exploration for the country health programmes.

2. Rationale for the Strategies

HIS is the **lifeline** for the Ministry of Health to achieve its objectives. The ultimate aim of the HIS is to increase the utilization of information arising out of it. To achieve this, “**information culture**” should be developed at different levels of the health system. It cannot be achieved in one stroke but needs to be contemplated carefully and carried out in a phase-wise manner.

Within this context, the following recommendations are put forward for consideration as appropriate. The recommendations could be implemented **phase-wise** and for some **sequentially**. The proposed recommendations may even need to be modified as the inherent connotations embedded in it are based only on the findings observed during the short visit. **Subsequent interactions** on the *modus operandi* of implementing the recommendations are called for between responsible staff from SEARO, WR office and the focal point for HIS in Sri Lanka.

The recommendations given are action-oriented, easy to implement without drastically disturbing the already existing HIS in the country. To revamp the whole system will not be cost effective at this point in time given the current level of performance of HIS in the country. Due to time constraint, HIS subsystems (Epidemiological surveillance system, specific health programme reporting, administrative system, vital registration system) are not observed in detail.

3. Strategies to Close the Gaps

The strategies should not be viewed as *ad hoc* activities but rather as routine activities of the programme. The principle of “*information for action*” at all levels of the health system has been taken into consideration.

Strategies and its activities

- (a) Improving the **data transmission system** of HIS including data collecting forms and data quality.
 - ◆ Conducting short brainstorming sessions and focus group discussions between Director (HIS) and relevant staff of subsystems of HIS in the country. Data transmission system could be improved based on the agreed upon points.
- (b) Improving the **feedback mechanism** of HIS.
 - ◆ Establishing a built-in mechanism in the HIS Division of the Department of Health Services, e.g., “**one page summary situation analysis** or pointer situation on various aspects of health programmes and health situations in the country” could be produced as and when necessary. This is preferably to be put into the *executive information system*. The information could be extracted out of the routine HIS and its subsystems and also from study reports. The analysis need not be an elaborate one. The purpose is to serve like a wake up call for programme managers in improving their programmes.

- (c) Improving the **capacity of HIS and capability** of staff of HIS.
- ◆ Review the HIS and its related components in the **curriculum** of medical schools, paramedical institutes, and postgraduate institutes. Based on the outcome, the concerned professional should develop or improve the contents.
 - ◆ Conducting **in-service output oriented training** programmes on subjects related to HIS. The need will vary from place to place and from time to time. The detailed record of types of training given and the participant lists should be recorded for long-term planning as well as for consideration of career development of staff involved.
- (d) Improving the system for **transforming data into information** for making evidence-based decisions.
- ◆ Development of a **self-propelled system** to regularise transformation of data into information at different levels of HIS. Various mechanisms can be envisaged.
 - For example, **piggy back** on regular technical meetings or as part of some regular meetings, to review available data/information *vis-à-vis* current programme performance; a team of experts (epidemiologists, public health administrators, programme managers, regional health officers, key data gatherers) could be formed to deal with this. The outcome of the review would be a **one page action-oriented report**. A well-established mechanism should be in place so that the report could be reached to high-level decision makers at the central level.
 - Training workshop on how to **present data and how information can be extracted out** of the health profile should be conducted. (SEARO is preparing modules on data presentation and transforming data into information. It has been planned to conduct inter-country training workshop in late 2001 or early 2002). Based on it, country specific training modules could be developed. It would then be uniformly used in training programmes in the country.
 - ◆ Development of **information culture** or **culture for utilizing information** emanating out of the HIS. It could be achieved through putting one agenda item on **‘Utilization of data arising out of the HIS in decision making...by citing practical examples’** in relevant WHO sponsored country level meetings for various subjects.
- (e) Improving the system for **monitoring the performance** of HIS in order that HIS becomes more responsive and user-friendly.
- ◆ Development of easy to apply **checklist for monitoring** the performance HIS including data quality at different levels of the health system. (SEARO is developing a checklist to be used in quickly assessing HIS in the countries. Once it is available, hopefully in August 2001, it can be applied in the countries after making appropriate changes to suit specific needs of the country.

- ◆ Workshop to review **relevancy of data** emanating out of HIS to the needs (technical and management) of different health programmes.

(f) Improving the overall **networking** system for information.

- ◆ Development of **web based electronic data communication system** between HIS Divisions of member countries and WHO SEARO. (SEARO has already planned to develop and establish it in 2002 under ICP II programme).
- ◆ Developing user friendly and interactive **electronic information system at the WR office**. The format and the contents could be developed jointly by WR office and technical units in SEARO (GPE unit serving as focal points) with the help of ISM unit in using the current information technology. (annex-2). It could become an exemplary for all the WR offices in the region.

4. **Course of Action to be taken into Consideration before Developing a Small HIS Project in Anuradhapura.**

- Course of action for HIS unit, Ministry of Health, with an aim to develop a pilot project in Anurhadapura to improve the HIS at the provisional level. WHO APW mechanism could be used. Specific time allocation for the staff involved and also reasonable time line are to be made. Otherwise, it could not be finished in time. This suggestion is based on the experience of other countries.
- A quick review (issues and problems encountered) should be made by a team of experts in HIS and relevant staff in the Ministry of health as to how the information is first collected, data transmission system, and how it was finally utilised, if at all, for decision-making and for planning country health plans. The review also includes linkage system for HIS subsystems (vital registration, epidemiological surveillance, specific disease control programmes, etc).
- A quick review should be made of all the forms used in different sub-systems of HIS by a group of persons. In reviewing this, key data gatherers must be involved. The purpose is to avoid duplication and to trim the data-collecting format.
- A quick review should be made on the human resource available to carry out the HIS activities. The information would also be a very useful input for overall human resource planning for HIS.
- The output of the above would be fed into a project proposal and would be presented and discussed at the "Health Situation Analysis Annual Workshop cum Meeting" at the Provincial level. The above activities are aimed at achieving "ownership notion" for the project.

Review the strengths and weaknesses of the existing HIS

Quick assessment had been made on the following: data collection, data transmission, data processing and analysis, data presentation, and use of data in health planning and management. These aspects have been considered in light of organizational rules, management and resources. A full-fledged assessment was not made in view of time constraint and it is also technically not feasible at this point in time. The following short questions were applied to elicit the required information:

- ◆ Is there a ministerial policy on HIS? What is the frequency of reviewing the work of HIS?
- ◆ Overall organizational structure of the national HIS.
- ◆ Status of functional linkages (practicality, utility, feedback, specific responsibility, system review, etc) between sub systems of HIS
- ◆ Data collecting forms. Review and revision made or not.
- ◆ Whether the current data collecting forms are compact and well attuned to the data requirement of different levels of HCDS. Last date of review and revision made.
- ◆ How are the reporting forms filled and by whom and whether these people have been regularly trained and oriented?
- ◆ System of flow of reporting forms and how these are being analysed and how the analysed information are being documented and how the documented information have been utilised by the decision makers and programme managers of different health care programmes.
- ◆ Are there data sieving or catching points in the data transmission system?
- ◆ How the data in the forms are being stored? Is the software used for storing and transmitting the data is user friendly or not?
- ◆ What are the overall resources of the HIS? How the human resources involved in HIS are being trained and what are the career ladder and future prospects?
- ◆ How the data are presented (profiles, fact sheet) at the lowest level of health care system and the level above it? As this is an action level, is there any special emphasis made to improve it to suit the changing requirement?
- ◆ Health profile format available or not. If available, how it was utilized?
- ◆ Is there a built in mechanism for checking the reliability of data and how it was done?

- ◆ Is there a mechanism or feedback from respective data transmission points to the level below?
- ◆ Is there a six-monthly or annual meeting to analyse and review the health situation (including hospital administration and disease pattern data) in an area?
- ◆ Is there a workshop on data analysis on the data emanating out of the data collection forms?
- ◆ How are data from private sector and NGOs are incorporated?
- ◆ How are survey data considered in light of the data coming out of the routine HIS?
- ◆ Review the medical school curriculum for HIS, medical record, ICD-10, etc.
- ◆ How is process of drawing National Health Plan? To be considered from the perspective of data utilization eg. Country Health Programming exercise.
- ◆ How the WHO and other health programmes are doing their planning? What is the mode of drawing PoA for country GPE projects? How is the role of HIS in the whole process?
- ◆ What is the role of HIS in budget allocation to different departments in the Ministry of Health?
- ◆ What is the overall role of HMIS Director at the Department and at the Ministerial level? How are data and information available in the reports utilised for decision-making?
- ◆ What is the relationship between the format in which information is displayed (maps, action-oriented graphs, etc.) and its use in management decisions?

Assessment of the Information Needs of the WHO Country Office with regard to its Core Functions

The following information should be made available with the click of a button. The system could be developed jointly by technical and administrative staff of WR office, GPE and ISM units in SEARO. SEARO can provide electronic copies of all the reports mentioned below so that the system can be in place very soon. This could become a model for all WR offices.

- ◆ The reports of the STCs assigned to Sri Lanka especially the objectives and recommendations of STCs
- ◆ Reports of the intercountry meetings by subject-wise, Health Ministers' Meeting, Health Secretaries' Meeting, WRs' Meetings ACHR Meetings (especially the objectives and recommendations). WHA and EB and other policy meetings of WHO.
- ◆ Important circulars by SEARO and HQ
- ◆ Organizational set up of WHO HQ and SEARO
- ◆ Names of 'P' staff, responsible area and acronyms
- ◆ WHO Programme areas in Sri Lanka
- ◆ Regional Health Bulletin/Annual Reports of Sri Lanka Health Situation
- ◆ Emergency country profile and guidelines
- ◆ Other useful databases for WR Office